

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625-0381	<b>ORDER APPROVING SETTLEMENT WITH DISMISSAL</b> <b>N.J.S.A. 34:15-20</b> <b>Page 2</b>	CASE No.  VICINAGE
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☐ The parties agree that this settlement does contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

As the spouse or other person who may be defined as a dependent under N.J.S.A. 34:15-13 or the guardian or representative of such a person, I (we) consent to the entry of this order and recognize that this agreement is a complete and absolute surrender of any rights that I (we) may have pursuant to N.J.S.A. 34:15-13, should petitioner die as a result of the injuries, conditions, or exposures alleged in this/these claim petition(s).

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

I certify that the above is (are) the only individual(s) who is (are) dependent(s) as defined in N.J.S.A. 34:15-13 at the present time.

\_\_\_\_\_  
Petitioner Date

\_\_\_\_\_  
Petitioner's Attorney

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Judge of Compensation

\_\_\_\_\_  
Respondent's Attorney

\_\_\_\_\_  
Name (Print or type)